

Module 12 – Being Part of WIC’s “Circle of Care” for Breastfeeding Mothers

Overview

This twelfth module explores the various ways that peer counselors can enhance their abilities to be viewed as an important and valued member of the overall health team at WIC. Basic standards of professional behavior, handling misinformation about breastfeeding, and appropriate documentation of contacts with WIC mothers are included.

Learning Objectives

Upon completion of this module, peer counselors will be able to:

- Explain why it is important to keep a mother’s information confidential.
- List two strategies for dealing with misinformation given to WIC mothers.
- Complete the peer counselor contact log correctly.

Time Allowed: 1 hour

Background Information

Peer counselors are part of a much larger network of people working within the WIC Program and the greater healthcare network providing breastfeeding information and support. This “Circle of Care” surrounding new mothers helps positively impact a woman’s infant feeding decisions. Peer counselors need guidance to understand how they fit into the breastfeeding support team and their appropriate roles in helping mothers with infant feeding decisions. This includes learning how to conduct themselves in a professional manner and how to appropriately document their contacts with WIC mothers.

Checklist:

- AV Equipment
 - PowerPoint or overhead projector
- Teaching Tools
 - Flip chart and markers
 - Large sized marshmallows
 - Uncooked spaghetti
- Handouts
 - Handout #12A – Confidentiality Agreement
 - Handout #12B – Handling Misinformation
 - Handout #12C – Sample Peer Counselor Contact Log

Additional Learning Opportunities

- Provide additional scenarios on handling confidentiality issues and misinformation at monthly staff meetings.
 - Discuss not talking about WIC mothers with family members.
 - Allow trainees to practice and discuss how these situations can be handled professionally.
 - Use typical scenarios encountered in WIC agencies.
 - Examples of confidentiality issues peer counselors may encounter include:
 - A friend who is visiting overhears you talking with a new mother who is pregnant. She realizes when she hears the woman's name as you say goodbye that she might know her and wants to know more.
 - You are talking to a woman who tells you she has used meth (methamphetamines) during her pregnancy but is trying to stop. She thinks breastfeeding might force her to work harder to stay clean. She doesn't want you to tell anyone for fear her baby will be taken away. She tells you her last baby was taken from her.
 - A woman tells you that she feels her milk dried up after she began taking combination birth control pills given to her by the family planning clinic at the health unit. She is not interested in relactating.
 - A new mother tells you that when she brought her baby to the health department for immunizations, the nurse told her she should not breastfeed for 24 hours after the injection is given.
 - A woman tells you she has HIV or herpes.
 - You learn that family and social services (or a similar agency) is involved in some aspect with the family of a WIC mother you are following.

Module 12 – Trainer Notes

Slide #1

Module 12: Being Part of WIC’s “Circle of Care” for Breastfeeding Mothers

Peer counselors are a vital part of WIC’s “Circle of Care” for breastfeeding mothers, joining other WIC staff and health professionals who are working to provide new families with the support they need.

Slide #2

Learning Objectives

Upon completion of this module, peer counselors will be able to do the following:

- Explain why it is important to keep a mother’s information confidential.
- List two strategies for dealing with misinformation given to WIC mothers.
- Complete the peer counselor contact log correctly.

Slide #3

It Takes a Team

As a member of the WIC team, a peer counselor provides significant support to mothers and to the WIC team.

[Activity]

Learning Objective: To reinforce the importance of working together with WIC staff and other health professionals to support new mothers.

Time: 8 minutes

Directions:

- Divide the group into teams of six to eight.
- Provide each group with large marshmallows and uncooked spaghetti.
- Give teams five minutes to see which team can build the highest “free standing” tower.
- Instruct teams that each person must contribute to the tower as it is being built.

Discussion:

- What made this activity go easier? Some ideas are:
 - Having a common goal for how the structure would be built.
 - Everyone helping out.
 - Allowing creativity among members.
 - Building a strong support base or foundation.

- What made it hard? Some ideas are:
 - Lots of hands in the way.
 - People doing their own thing.
 - Not having a leader or clear goals.
 - Not building a strong support base.

[Key Talking Points]

- Supporting breastfeeding mothers can be a lot like building this spaghetti tower. For instance:
 - Working together toward a common goal can accomplish great things.
 - Providing support helps extend the breastfeeding goal.
 - Though many hands can be in the way, supporting one another toward the goal can make a difference.
- Peer counselors will be able to rely on a team effort to help them grow in their new positions with WIC.
- WIC Provides a circle of care for each peer counselor.
- As a member of this WIC circle of care, peer counselors will read new materials, meet with other peer counselors, and share experiences with new colleagues.
- The WIC program and staff believe that peer counselors are valuable members of the WIC team and that they make important contributions to supporting new mothers.
- Everyone on the WIC team has an important role in making a difference for mothers and babies in our community.

Slide #4

Stay Within Your Scope of Practice

[Key Talking Points]

- Remember to remain close to the basic information with which you have been trained.
- When situations are beyond the basics, yield to your WIC designated breastfeeding expert.
- Provide advice and support that is only based on the evidence presented in your training or in the materials that you have been given to read.

Slide #5

What About Mothers Who Are Not on WIC?

Though WIC peer counselors cannot provide breastfeeding peer counseling services to mothers who are not on WIC, many ways are available to get them the help they need.

[Key Talking Points]

- Peer counselors should only provide breastfeeding peer counseling services to mothers who are on WIC.

- Peer counselors can tell non-WIC mothers who call them about the WIC Program and encourage them to come to the WIC clinic to apply for WIC benefits.
- Yield non-WIC mothers who need breastfeeding assistance to appropriate non-WIC resources.

[Instructional Guidance]

- Review with peer counselors the local WIC agency's policies for referring non-WIC mothers needing help with breastfeeding.
- People available to help might include:
 - Staff at the local hospital or doctor's office.
 - Local lactation consultants in the community available through:
 - The local hospital
 - The International Lactation Consultant Association's "Find a Lactation Consultant Directory" (www.ilca.org)
 - The Office on Women's Health hotline; 800-994-WOMAN or visit www.4woman.gov.
 - La Leche Leagues leaders in the community or the national hotline for La Leche League at 800-LALECHE.
 - State or local breastfeeding coalition members.

Slide #6

Be Professional

The best way to be valued for the information you give to mothers is to conduct yourself in a professional manner.

[Key Talking Points]

- Learn and use the WIC Program policies and standards that apply to your work.
- Be on time when coming to the clinic. If you are going to be late, call and let your supervisor know.
- Dress comfortably and appropriately. It is important to identify with both the WIC mothers you work with and the other WIC staff.
- Wear a nametag so you are easily identified as a member of the WIC team.
- Introduce yourself to staff who may not know you.
- If you are able to bring your own baby to the clinic, tend to his or her needs if the baby becomes fussy or unhappy.
- Do not bring a sick infant to the clinic or let your baby or toddler crawl around on the clinic floor.
- Make every effort to attend all peer counselor staff meetings, WIC clinic meetings, and social occasions to which you are invited.

- Have a helpful, courteous attitude. Speak positively about other staff members.
- Always speak positively about the WIC mothers.

Slide #7

Keep the Mother's Information Confidential

Discussion:

- Has anyone ever faced a situation in which personal information about you or your family was shared with another person without your knowledge or permission?
- How did that feel? How would you imagine it might feel?
- What situations can you imagine that might make it hard to keep a mother's personal information confidential?
 - Lots of people in the house when trying to do her work.
 - The need to share exciting news you have heard with someone.
 - Running into the mother in the community.

[Key Talking Points]

- Keeping the mother's information private is not just the right thing to do, it is WIC policy.
- Peer counselors, like other members of the WIC team, who do not keep the mother's information confidential can be terminated from their jobs.
- When making calls from home, try to do it at a time when and in a place where others won't overhear you.
- Do not discuss information about WIC mothers with your family members.
- Keep your contact logs in a safe, secure place.
- Do not share anything about WIC mothers, not even that they are on WIC, with anyone except other WIC staff or your WIC designated breastfeeding expert involved in a mother's care.
- Confidentiality reviews will be a regular feature in monthly staff meetings.
- When uncertain if information is confidential, assume it is and check with your WIC supervisor to confirm.
- It is WIC policy that every staff person reads and signs a Confidentiality Agreement.

Handout: #12A – Confidentiality Agreement

[Instructional Guidance]

- Read your WIC agency's Confidentiality Agreement aloud to all peer counselors.
- Have peer counselors sign a copy to keep and a copy for peer counselor records.

Slide #8

Handle Misinformation Professionally

Not everyone gives the same breastfeeding information that you have learned in your training here. The mothers you talk to will hear advice from many sources. Her family, friends, and even her healthcare provider may contradict information you give.

Discussion:

- What are some reasons you can think of that may cause people to give incorrect information about breastfeeding?
Ideas to consider include:
 - Lack of current training
 - Personal experience
 - Misinterpreted information

[Key Talking Points]

- While this may be difficult to adjust to, it is important not to contradict misinformation.
- Medical professionals may have important health information about the mother or baby about which the peer counselor is unaware.
- It is appropriate to inform mothers that new or additional information is available that their healthcare providers may not be unaware of at this time.
- Provide mothers with current information and encourage them to share it with their healthcare providers.
- This allows the mother to make an informed decision.
- Report these misinformation incidents and what you did to address the misinformation to your WIC designated breastfeeding expert.
- Follow WIC staff guidance and policy when handling these incidents.

[Activity]

Learning Objective: To give peer counselors practice in handling situations where misinformation occurs or where their information might be contradicted.

Time: 10 minutes

Handout: #12B – Handling Misinformation

Directions:

- Print each of the five scenarios on the handout on a separate index card.
- Divide peer counselors into small groups of three or four.
- Give each group a scenario.
- Have each group identify a plan for how the peer counselor should respond to this situation.
- Allow each group to report their suggestions and discuss.
 - *For small training groups*, consider doing the activity with a partner or as a general group discussion.
 - *For large training groups*, make two sets of index cards and allow two groups to discuss each scenario. When reporting, allow one group to report and the other group to provide additional comments or information.

Slide #9

Document Contacts With WIC Mothers

In the healthcare world, all contacts with patients are documented. This serves as a record of what has been done. In the professional work environment, a rule of thumb is “If you didn’t document it, you didn’t do it.”

[Key Talking Points]

- Peer counselors should document all contacts with mothers including:
 - Telephone calls made from home or the clinic
 - Home visits
 - Hospital visits
 - Clinic visits
 - Classes and support group meetings

Slide #10

How Documentation Helps Peer Counselors

Documentation is a valuable tool for peer counselors.

[Key Talking Points]

- Documentation helps keep track of information such as:
 - What has been told to a mother.
 - What are her concerns.
 - What has worked and what did not.
 - What are the next steps of support.
- It protects peer counselors from liability because it serves as:
 - A permanent record of advice given.
 - A record of who has provided consultation in the peer counselor’s work with the WIC mothers she is helping.
- It provides a record of time allocations per contact with each mother.
- It provides information needed to follow up with mothers.

Slide #11

What to Document

[Key Talking Point]

- Date the discussion occurred.
- Type of contact (phone, clinic, etc.).
- Subjects covered.
- Referrals made.

Slide #12

Peer Counselor Contact Log

The Peer Counselor Contact Log is a simple and easy way to document contacts with WIC mothers.

[Key Talking Points]

- The Contact Log is designed to make documentation simple and easy.
 - It is in a “check-off” format.
 - A form should be completed for each mother and used for the duration of the relationship.
- At the top of the contact log:
 - Record the mother’s basic information.
 - Record her baby’s information including:
 - Birth date
 - General information
 - Last name
- Prenatal Contact Grid:
 - For each contact with a WIC mother:
 - Record the date.
 - Follow the key to record the type of contact.
 - Check off all subjects discussed.
- Postpartum Contact Grid:
 - Continue using the log after the baby is born.
 - Check off postpartum subjects covered.
 - Check off any referrals that were made.

[Instructional Guidance]

- The instructions for the Peer Counselor Contact Log are based on the Contact Log found in the Using *Loving Support*® to Manage Peer Counseling Programs curriculum. If your state or local WIC agency does not use this contact log, use this time to discuss procedures for completing your own required paperwork.
- It is essential that peer counselor paperwork be kept as simple as possible. Complicated paperwork is one factor in high turnover rates among peer counselors.

Slide #13**Writing Narrative Notes**

When discussing subjects that are not listed on the check-off list, use the Narrative Documentation of Contacts page.

[Key Talking Points]

- Entries should be simple, using key words for quick reading.
 - Example: “Mother is concerned about returning to work. Discussed work options, pumping, getting support from home. Referred to WIC designated breastfeeding expert.”

Slide #14

[Activity]

Peer Counselor Skills Checklist

Learning Objective: Provide peer counselors with a basic practice opportunity in documenting contacts.

Time: 10 minutes

Directions:

- Provide peer counselors with the following scenarios.
- Ask them to document sample contact logs for the situations in the scenarios.
- When finished, exchange logs with another peer counselor.
- Discuss as a group.
- Scenarios are:
 - #1 Scenario: Prenatal contact with Mary Smith. You telephoned Mary on April 2 to see how her pregnancy was progressing. You discussed her concerns about embarrassment. She asked a question about whether she could get a breast pump from WIC when she goes back to work. You spent some time discussing her plans for returning to work. You told Mary you would call her again next month.
 - #2 Scenario: Prenatal contact with Mary on July 15. Mary called you to say that she was ordered to strict bed rest the last few weeks of her pregnancy. She would like to talk with someone about how to breastfeed. You make arrangements to see her at her home with a public health nurse who will be going to her home next week.
 - #3 Scenario: Prenatal contact with Mary on July 24. You go to Mary’s home to discuss breastfeeding. You discuss position and latching the baby for breastfeeding, as well as some tips for getting a good start in the hospital.
 - #4 Scenario: Postpartum contact with Mary on July 28. Mary phoned to say she had her baby two days before. She thanked you for coming to her home. She is now home from the hospital, but things are not going well. The baby refuses to latch and cries nonstop. She is worried and

wonders if she should just go ahead and give bottles now. You discuss ways to comfort the baby, and you asked the WIC designated breastfeeding expert to follow-up with the mother.

- When peer counselors have completed their sample documentation, sign and date the Peer Counselor Skills Checklist Card, Module 12 – Documenting Contacts section.

Slide #15

Final Thought

“We have a really good relationship with the lactation consultants here at the local hospital. It is wonderful to have this kind of relationship. We are all striving for the same thing, and that’s to help moms.”

WIC Peer Counselor